County: Dane
SKAALEN SUNSET HOME
400 NORTH MORRIS STREET
STOUGHTON 52500

| STOUGHTON 53589 Phone: (608) 873-5651 | | Ownershi p: | Nonprofit Church |
|---|-----|-----------------------------------|------------------|
| Operated from 1/1 To 12/31 Days of Operation: | 365 | Hi ghest Level Li cense: | Skilled |
| Operate in Conjunction with Hospital? | No | Operate in Conjunction with CBRF? | Yes |
| Number of Beds Set Up and Staffed (12/31/01): | 201 | Title 18 (Medicare) Certified? | Yes |
| Total Licensed Bed Capacity (12/31/01): | 201 | Title 19 (Medicaid) Certified? | Yes |
| Number of Residents on 12/31/01: | 197 | Average Daily Census: | 193 |
| | | . . | |

| Services Provided to Non-Residents | | Age, Sex, and Primary Diagn | Length of Stay (12/31/01) % | | | | |
|---|----------|-------------------------------|-----------------------------|------------|----------|---------------------------------|----------------|
| Home Health Care | No No | Primary Diagnosis | % | Age Groups | % | Less Than 1 Year 1 - 4 Years | 36. 5 45. 2 |
| Supp. Home Care-Personal Care Supp. Home Care-Household Services | No | Developmental Disabilities | 1. 0 | Under 65 | 3. 6 | More Than 4 Years | 43. Z 18. 3 |
| Day Services | No | Mental Illness (Org. /Psy) | 20. 8 | 65 - 74 | 7.6 | | |
| Respite Care | Yes | Mental Illness (Other) | 2. 5 | 75 - 84 | 31.5 | 1 | 100. 0 |
| Adult Day Care | Yes | Alcohol & Other Drug Abuse | 0.0 | 85 - 94 | 46. 2 | ********** | ***** |
| Adult Day Health Care | No | Para-, Quadra-, Hemi pl egi c | 1.0 | 95 & 0ver | 11. 2 | Full-Time Equivaler | |
| Congregate Meals | No | Cancer | 2. 0 | ĺ | | Nursing Staff per 100 Re | si dents |
| Home Delivered Meals | Yes | Fractures | 12. 2 | | 100. 0 | (12/31/01) | |
| Other Meals | Yes | Cardi ovascul ar | 14. 7 | 65 & 0ver | 96. 4 | | |
| Transportati on | Yes | Cerebrovascul ar | 11. 7 | | | RNs | 8. 3 |
| Referral Service | No | Diabetes | 4. 1 | Sex | % | LPNs | 12. 0 |
| Other Services | No | Respi ratory | 3. 6 | | · | Nursing Assistants, | |
| Provi de Day Programming for | | Other Medical Conditions | 26 . 4 | Male | 26. 9 | Aides, & Orderlies | 41. 8 |
| Mentally Ill | No | | | Female | 73. 1 | | |
| Provide Day Programming for | | | 100. 0 | | | | |
| Developmentally Disabled | No | | | | 100.0 | | |
| *********** | **** | *********** | ***** | ******* | ******** | ******************* | ***** |

Method of Reimbursement

| | | Medicare Title 18 | | | edicaid itle 19 | - | | 0ther | | | Pri vate Pay | ; | | amily Care | | N | Managed Care | | | |
|---------------------|------|----------------------|----------------------|-----|--------------------|----------------------|-----|-------|----------------------|-----|-----------------|----------------------|-----|---------------|----------------------|-----|-----------------|----------------------|-------------------------|--------|
| Level of Care | No. | % | Per Di em (\$) | No. | % | Per Di em (\$) | No. | % | Per Di em (\$) | No. | % | Per Di em (\$) | No. | % | Per Di em (\$) | No. | % | Per Di em (\$) | Total Resi- dents | |
| Int. Skilled Care | 0 | 0. 0 | 0 | 0 | 0. 0 | 0 | 0 | 0. 0 | 0 | 0 | 0. 0 | 0 | 0 | 0. 0 | 0 | 0 | 0. 0 | 0 | 0 | 0. 0 |
| Skilled Care | 25 | 100.0 | 340 | 109 | 99. 1 | 112 | 0 | 0.0 | 0 | 59 | 98. 3 | 163 | 0 | 0.0 | 0 | 2 | 100. 0 | 150 | 195 | 99. 0 |
| Intermediate | | | | 1 | 0. 9 | 92 | 0 | 0.0 | 0 | 1 | 1.7 | 143 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 2 | 1.0 |
| Limited Care | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Personal Care | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Residential Care | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Dev. Di sabl ed | | | | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Traumatic Brain Inj | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Ventilator-Depender | nt 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Total | 25 | 100.0 | | 110 | 100.0 | | 0 | 0.0 | | 60 | 100.0 | | 0 | 0.0 | | 2 | 100. 0 | | 197 | 100. 0 |

SKAALEN SUNSET HOME

| ********** | ****** | ********* | ********* | ***** | ****** | ********* | ****** |
|--------------------------------|--------|-----------------------|---------------|----------|---------------|----------------------------|------------|
| Admissions, Discharges, and | | Percent Distribution | of Residents' | Condi ti | ons, Services | , and Activities as of 12/ | 31/01 |
| Deaths During Reporting Period | | <u> </u> | | | | | |
| 8 1 8 | | ľ | | % | Needi ng | | Total |
| Percent Admissions from: | | Activities of | % | Ass | istance of | % Totally | Number of |
| Private Home/No Home Health | 2.8 | Daily Living (ADL) | Independent | 0ne | Or Two Staff | Dependent | Resi dents |
| Private Home/With Home Health | 1. 7 | Bathi ng | 0. 5 | | 75. 1 | 24. 4 | 197 |
| Other Nursing Homes | 3. 1 | Dressi ng | 7. 1 | | 80. 7 | 12. 2 | 197 |
| Acute Care Hospitals | 89. 5 | Transferring | 17. 8 | | 66. 5 | 15. 7 | 197 |
| Psych. HospMR/DD Facilities | 0.0 | Toilet Use | 14. 2 | | 65. 5 | 20. 3 | 197 |
| Reȟabilitation Hospitals | 0.0 | Eating | 44. 7 | | 48. 2 | 7. 1 | 197 |
| Other Locations | 2.8 | ************** | ********* | ****** | ********* | ********** | ****** |
| Total Number of Admissions | 287 | Continence | | % | Special Treat | tments | % |
| Percent Discharges To: | | Indwelling Or Externa | l Catheter | 5. 1 | Recei vi ng l | Respi ratory Care | 10. 2 |
| Private Home/No Home Health | 19. 5 | 0cc/Freq. Incontinent | | 64. 0 | | Tracheostomy Care | 1. 0 |
| Private Home/With Home Health | 28. 9 | Occ/Freq. Incontinent | of Bowel | 30. 5 | Receiving S | Sucti oni ng " | 1. 0 |
| Other Nursing Homes | 2.3 | ĺ | | | Receiving (| Ostomy Care | 4. 1 |
| Acute Care Hospitals | 4. 7 | Mobility | | | Recei vi ng | Tube Feedi ng | 3. 0 |
| Psych. HospMR/DD Facilities | 0.0 | Physically Restrained | l | 5. 6 | Recei vi ng 1 | Mechanically Altered Diets | 34. 0 |
| Rehabilitation Hospitals | 0. 7 | | | | | · | |
| Other Locations | 11. 1 | Skin Care | | | Other Reside | nt Characteristics | |
| Deaths | 32. 9 | With Pressure Sores | | 10. 2 | Have Advance | ce Directives | 83. 8 |
| Total Number of Discharges | | With Rashes | | 12. 7 | Medi cati ons | | |
| (Including Deaths) | 298 | ĺ | | | Recei vi ng 1 | Psychoactive Drugs | 58. 4 |
| <u>-</u> | | • | | | · · | , , | |

Ownershi p: Bed Size: Li censure: 200+ Al l Thi s Nonprofit Skilled Peer Group Facility Peer Group Peer Group Facilities % Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 94.6 89. 4 1.06 84.7 1. 12 84.3 1. 12 84. 6 1. 12 Current Residents from In-County 68. 0 82.7 0.82 82. 2 0.83 82.7 0.82 77. 0 0.88 Admissions from In-County, Still Residing 16. 7 25. 4 0.66 22. 3 0.75 21.6 0.77 20.8 0.80 Admissions/Average Daily Census 148.7 117.0 1.27 89. 0 1.67 137. 9 1.08 128. 9 1.15 Discharges/Average Daily Census 154.4 1.32 93. 1 1.66 139. 0 130. 0 1. 19 116.8 1. 11 Discharges To Private Residence/Average Daily Census 74.6 42. 1 1.77 37. 0 2.02 55. 2 1.35 **52.8** 1.41 Residents Receiving Skilled Care 99. 0 93.4 1.06 89. 9 1. 10 91.8 1.08 85. 3 1. 16 Residents Aged 65 and Older 96. 4 96. 2 1.00 87.3 92. 5 87. 5 1. 11 1.04 1. 10 Title 19 (Medicaid) Funded Residents 55.8 57.0 0.98 73. 2 64.3 0.87 68. 7 0.76 0.81 Private Pay Funded Residents 25.6 22. 0 1. 38 30. 5 35. 6 0.86 19.8 1.54 1. 19 1.0 0.6 2.4 0.43 1. 2 7. 6 0. 13 Developmentally Disabled Residents 1.62 0.86 Mentally Ill Residents 23.4 37.4 0.63 42.5 0.55 37. 4 0.62 33. 8 0.69 General Medical Service Residents 26. 4 21.4 1.23 25. 0 1.06 21. 2 1.25 19.4 1.36 49.3 49.7 51.7 0.96 51. 7 0.96 49.6 1.00 1.01 Impaired ADL (Mean) Psychological Problems **58. 4** 52.8 1.11 59.8 0.98 54. 1 1.08 51. 9 1. 13 Nursing Care Required (Mean) 9. 5 6. 4 1.49 7. 3 1. 30 6. 5 1.46 7. 3 1. 30